

Elizeth grew up in the United States, saved up money from selling tamales, and paid for college tuition, first at Morton College and now at Dominican University.

Elizeth's immigration status, however, continues to present a challenge. Despite all her hard work and her study, her future is uncertain because she is a deferred action recipient. She doesn't know what will happen next.

Despite those obstacles, she has proven that she values resilience, self-reliance, and ingenuity. Those are her values, and they are American values as well. Elizeth's story speaks to the values that make our country great.

Unfortunately, ICE raids continue to terrorize immigrant communities and traumatize children like Elizeth who live in constant fear of losing their parents and their own futures. These young people yearn to go to college, to serve in our military, and to enrich our communities with their entrepreneurial spirit.

Madam Speaker, Congress must create a path to citizenship to prove that, beyond a doubt, we welcome Elizeth and those like her to America.

I want to end and make my third and final point. The status quo cannot remain, and the current legal immigration system is broken, creating decades-long delays for family reunifications and exacerbating workforce gaps that harm our economy.

Madam Speaker, when we hear naysayers complain that immigrants should come to America using the legal route but fail to acknowledge the antiquated and broken state that our system is in—for many, processing time for family reunification visas can last between 18 and 23 years.

Imagine how much can happen in 18 to 23 years, Madam Speaker.

As of November 2012, there were 4.3 million people on the wait list for family visas and 113,000 waiting for employment-based visas.

Those years-long wait times cause others to make an even more difficult choice. In Mexico, a group now referred to as Los Invisibles, the invisible ones, is growing. Los Invisibles, these invisible young people, refers to more than 600,000 American-born U.S. children living in Mexico.

Because our broken system keeps families apart for so long, or it tears mothers and fathers away from their children, some have elected to leave America altogether—a real tragedy, a real loss for us.

Perhaps in another life, I would have been one of those children and, because of the anti-immigrant policies of today's administration, the next U.S. Congressman won't stand here in the future to share the immigrant experience that I share with all of you today.

The true crisis we face, the true danger we face, is the President's propaganda that flies in the face of truth. Immigrants don't worsen the Nation. On the contrary, immigrants help keep this Nation the strongest nation the world has ever known.

We are your mechanics, your nurses, your farmers, your local brewer. We are your teachers, engineers, and law enforcement officers. We are firefighters, plumbers, and doctors. In some lucky instances, we are your Representatives in Washington.

As the proud immigrant Representative from a district that is more than two-thirds foreign-born, I refuse to back down and sit silent while the President denigrates me, my family, and my constituents.

As a Congress, we cannot sit idly by while thousands are denied humanitarian relief at the border while millions live in fear here in our communities and while millions more wait, separated from those they love and care for.

Madam Speaker, I thank the gentleman from the Northern Mariana Islands (Mr. SABLÁN) for yielding me the time to share my story.

Mr. SABLÁN. Madam Speaker, I yield to the gentlewoman from Texas (Ms. ESCOBAR), the CHC freshman Representative.

Ms. ESCOBAR. Madam Speaker, I am here to correct the RECORD, to bust the myth, to make sure that Americans know the truth about my wonderful, generous, incredible community, El Paso, Texas.

Last night, in this Chamber, as I was seated in the audience listening to the State of the Union Address, I heard our President misinform the American public. He said that El Paso, Texas, was once one of the most dangerous cities in America, and then a wall was built.

Well, Madam Speaker, that is not true. El Paso is one of the safest cities in America. However, we have been a safe community; we have been a safe city. We are right on the U.S.-Mexico border, and we have been safe for decades.

□ 1500

The wall was built in El Paso, Texas, in 2008. Our ranking as one of the safest communities in America dates back to the 1990s.

Many people wonder why El Paso is so safe. Why is El Paso, which is, again, right on the U.S.-Mexico border, one of the safest communities in America? Last night, in those conversations, I pointed to my guest at the State of the Union Address, Senaida Navar, who is a Dreamer; she is a teacher; she is an activist; she is exactly the kind of community member, constituent, citizen who makes El Paso and the country great.

As these debates over comprehensive immigration reform, over border security, continue to get louder and, in fact, uglier here in Washington, D.C., El Paso has been, in many ways, at the center of those debates and those discussions.

I will tell you, they should be. El Paso should be at the center of that debate.

The reason why El Paso should be at the center of that debate is not because

we were the site of the President's zero-tolerance policy, not because we were the site of the tent city at Tornillo, not because our processing center is the site where detainees are right now being force-fed through a nose tube against their will. We should be at the center of deciding the future of this country in terms of comprehensive immigration reform because of our generosity, because of our goodwill, because of our kindness.

El Paso has absolutely set an example for our country, and we have done it with the way that we have opened up our arms to everyone and treated people with the dignity that they deserve.

Madam Speaker, I thank Congressman SABLÁN for the opportunity to correct the RECORD.

Mr. SABLÁN. Madam Speaker, I thank my colleague very much for her comments.

Madam Speaker, I just realized that today, this Special Order, we had four speakers, three of whom are immigrants: the gentleman from New York, the gentleman from Illinois, and this gentleman from the Northern Marianas. We are immigrants. The sky hasn't fallen.

There is nothing to be afraid of. We are a country of immigrants.

Madam Speaker, I thank my colleague, Mr. ESPAILLAT, for organizing this evening's Special Order on the need for immigration reform.

Madam Speaker, I yield back the balance of my time.

INTERNATIONAL DAY OF ZERO TOLERANCE FOR FEMALE GENITAL MUTILATION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentleman from Pennsylvania (Mr. PERRY) is recognized for 60 minutes as the designee of the minority leader.

Mr. PERRY. Madam Speaker, I am here today to talk about something that is completely unimaginable to me. I can't imagine I am here to talk about it on the floor of the House of Representatives. I can't imagine that it occurs in the world. I can't imagine that it occurs on this very day in this world. I can't imagine that it occurs in our country, but it does.

Madam Speaker, I rise today in solidarity with all who condemn a horrific practice on this, the International Day of Zero Tolerance for Female Genital Mutilation.

Today, I introduced a bipartisan resolution with my colleague, the gentlewoman from Florida, Congresswoman LOIS FRANKEL, which calls for a coordinated response from the United States and the international community to end this horrific and cruel practice.

The numbers surrounding FGM are shocking. They are staggering. Two hundred million women and girls alive today are survivors of FGM. Of those 200 million, 44 million are girls at or under the age of 14.

Madam Speaker, these are children. These are the little girls who you see going to elementary school in your community.

This year alone, an estimated 3 million girls are at risk of being genitally mutilated. In 25 countries where FGM is routinely practiced, between the years 2015 and 2030, an estimated 68 million girls will be cut, unless we take concerted and accelerated action.

This is an urgent situation when you imagine what happens, and I am going to go through it with you.

People ask, what exactly is FGM? Until just a few years ago, until I read about it and met some of the ladies who have had to endure it, I didn't know and I wasn't aware. But FGM comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons.

There is no medical necessity whatsoever to do this. It is most commonly performed on girls from infancy to age 15.

Now, just think about that: no anesthesia, no forewarning, no approval.

Madam Speaker, I am joined by the gentlewoman. Wonderful.

FGM is classified into four major types, ranging from pricking, nicking, scraping, and cauterization, to total excision and infibulation.

FGM is widely recognized by the international community as a violation of women's and girls' basic human rights, the right to their own body, their very own body and no one else's, and what happens to it.

Organizations that condemn FGM include the United Nations, the African Union, the European Union, and the Organization of Islamic Cooperation.

The World Health Organization says this practice has no health benefit for women and girls and, instead, can have severe short- and long-term impacts on the physical, psychological, sexual, and reproductive health of these innocent, helpless girls.

The immediate physical complications of FGM include, obviously, severe pain, excessive bleeding, fever, urinary issues, shock, and death. That is just the beginning.

In the long term, a girl may experience cysts, infections, septicemia, painful and difficult urination and menstruation, and increased risk of death during childbirth for both the mother and the unborn child.

The pain inflicted by FGM doesn't stop with the initial procedure. It often serves as an ongoing torture throughout the woman's life, for her whole life.

Who practices FGM? FGM is a deeply rooted cultural practice. Different communities give different explanations for why they insist upon FGM, which usually involves nonfactual, misleading, and, frankly, insulting arguments about cleanliness and womanhood.

FGM communities often consider the practice a necessary part of raising a

girl and a way to prepare her for adulthood and marriage. It is literally unbelievable. It is viewed as a way to ensure premarital virginity and marital fidelity. It is more likely to be carried out by communities that believe that this mutilation increases marriageability.

In other communities, FGM is practiced under the notion that girls are more clean and beautiful after removal of body parts that are considered unclean, unfeminine, or male.

As an international community, we must work with these communities to provide accurate information about the harm of this practice, about the long-term harm of this practice to women and girls, and change the narrative that somehow FGM is okay or tolerable for any reason whatsoever.

It is not okay. It is not tolerable for any reason under the Sun.

People ask where FGM is practiced. FGM is primarily concentrated in 30 countries in Africa, the Middle East, and Asia. Currently, for girls 11 and younger, FGM has the highest prevalence in Gambia at 56 percent, Mauritania at 54 percent, and Indonesia at 50 percent.

It is most common in Somalia, Guinea, and Djibouti, where more than 90 percent of women and girls ages 15 to 49 are mutilated on a regular and systematic basis.

Make no mistake, however: FGM is a global problem. The World Health Organization warns that growing migration has increased the number of girls and women living outside their country of origin who have undergone FGM or who are at risk in Europe, Australia, Latin America, and North America.

Just last Friday, February 1, the United Kingdom handed down its first-ever guilty verdict of a woman who committed FGM on her 3-year-old daughter.

I have daughters. It is just unimaginable to me.

The largest health network in Belfast saw 17 cases of FGM in just 9 months between April 2017 and January 2018.

Unfortunately, unbelievably, FGM has also made headlines in the United States. In April 2017, Federal prosecutors for the first time used a 1996 Federal statute criminalizing the practice of FGM to bring charges in Livonia, Michigan, against Drs. Fakhruddin Attar and Jumana Nagarwala.

These doctors are accused of performing FGM on at least nine underage girls, from 8 to 13 years old, from at least three States. This is happening right here in our communities.

I have an excerpt from the 10 criminal complaint pages against Dr. Nagarwala. This is what happened, according to investigators and the victims themselves. These are direct excerpts.

On April 10, 2017, victim 1 was interviewed by a child forensic interviewer employed by the FBI. She is 7 years old. She stated that she was brought to Detroit, Michigan, with victim 2 for a "special" girls' trip. After they arrived at the hotel, victim 1 advised that

she and victim 2 had to go to the doctor because "our tummies hurt." While at the doctor's office, a procedure "to get the germs out" of her was performed.

Victim 1 identified an unmarked photograph of Nagarwala and said that she was the person who performed the procedure.

Victim 1 said she took off her pants and underwear and laid on an examining table with her knees near her chest and her legs spread apart. She said that Nagarwala "pinched" her on the "place where she goes pee," and that she was given a pad to wear in her underwear as she left. She said that she was told not to talk about the procedure.

On April 11, 2017, a medical doctor in Minnesota performed a complete medical examination of victim 1 pursuant to a search warrant. Your affiant has spoken with the medical doctor who performed the exam, and the doctor's preliminary findings are that her genitals are not normal in appearance. Her labia minora has been altered or removed, and her clitoral hood is also abnormal in appearance. Finally, the doctor observed some scar tissue and small healing lacerations.

On April 10, 2017, victim 2 was interviewed by a child forensic interviewer employed by the FBI. Victim 2 is also 7 years old. She said that she came to Detroit with victim 1 and that she went to a doctor's office. She identified a photograph of Nagarwala as the doctor who she saw in Detroit.

Victim 2 said that, in the examination room, Nagarwala took off her pants and underwear and put her on the table. She said that she "got a shot," and that it hurt really badly and she screamed. She said the "shot" was on her upper right thigh.

She drew a picture of the room, and she drew an X to indicate blood on the examining table. She said her parents told her that the procedure is a secret and that she is not supposed to talk about it.

She said that, after the procedure, she could barely walk and that she felt pain all the way down to her ankle. She said Nagarwala told her that she was fine.

Victim 2 said that she left one of her winter gloves in the medical office.

This is a little 7-year-old girl.

On April 10, 2017, a search warrant was executed at the medical clinic. During the search, agents found a child's winter glove in the medical clinic. The glove had victim 2's first name written on it.

Nineteen months later, in November 2018, a Federal judge in the Eastern District Court of Michigan ruled the 1996 Federal statute unconstitutional and actually dismissed several charges against these so-called doctors and their co-conspirators.

In the Michigan case, Judge Friedman of the Eastern District Court of Michigan wrote that "Congress overstepped its bounds by legislating to prohibit FGM. . . . 'Local criminal activity' . . . is for the States to regulate, not Congress."

Because of that, because of that disappointing and horrific news, the good gentlewoman from Florida and I are offering a bill today that works within the Federal Government's jurisdiction to combat this reprehensible practice.

□ 1515

On Monday, I introduced two bills. The first was the bipartisan Protect Our Girls Act, H.R. 959, in which we expressly criminalized the transport of a minor across State lines for the purpose of female genital mutilation. The

majority of these girls involved in the recent case were from Minnesota and Illinois, while the mutilation was performed in a clinic in Michigan.

My second proposal, the Empower Our Girls Act, H.R. 960, adds female genital mutilation to seven grant programs within the Violence Against Woman Act, or what is commonly known as VAWA. The grants will focus on providing assistance in the criminal justice system and support from social service organizations to these ladies and little girls.

This is the first time that VAWA programs will address FGM and will allow victims of this unspeakable, unimaginable act to have the same opportunity to receive assistance as victims of other violent crimes.

The bill also adds female genital mutilation as a separate crime under the FBI's uniform criminal reporting system.

By codifying the existence of this crime, the bill lays the foundation for collecting information as it occurs across States. Reporting will assist in identifying other measures to bolster prevention and prosecution.

Before I yield to my good friend from Florida (Ms. FRANKEL), I just want to tell folks who might be listening or watching that one of the things that we hear when we go to the States—because law enforcement typically happens at the State level—and we say, “Would you please consider a law for this so that this doesn't happen, so that this is illegal, so that people aren't encouraged to practice it but are discouraged from practicing?” they will say, “Well, it doesn't happen here. We don't have any cases of it being reported.”

It is not going to be reported, folks. The people who are doing this are doing it in secret. And once it has happened to a young girl or a lady, imagine the shame or the fear of going to a doctor and talking about something like that.

It is not reported for a reason. And because it is not reported, it is becoming more prevalent. We just can't allow that to happen.

At this time, I yield to the gentlewoman from Florida (Ms. FRANKEL).

Ms. FRANKEL. Mr. Speaker, I thank Representative PERRY for yielding. I have to say it was quite difficult to listen to you, not because you are not articulate, but these stories are horrific. I just thank you on a bipartisan basis that we can address this horrible, horrible situation.

I am rising here today and I am joining, of course, Representative PERRY on International Day of Zero Tolerance for Female Genital Mutilation. I say that every girl, no matter where she is born, has a right to live free of violence.

When women and girls are empowered, when they are provided access to quality healthcare and education, communities thrive. In fact, the best predictor of a country's peacefulness is how well its women are treated.

Uplifting the value of women around the world is an American value that must continue. And still, there are horrific norms and cultural practices, like female genital mutilation, or we call it FGM for short, and it is holding back women from reaching their full potential.

Representative PERRY, I actually met a victim of this very, very cruel act last year. She came to a panel discussion. Her name was Jaha, a young woman from Gambia. She told us that when she was actually born, when she was 1 week old, she was mutilated, and that at age 15, she was married off. She told us this is very common. It is happening to something like 200 million women today.

Now, Jaha, she is a champion, because she broke away from her marriage and she became a champion advocate for her daughter. She became an advocate. Through her advocacy, FGM is now banned in Gambia. So she has shown us that it can be done.

200 million girls and women today have been cut, leaving them with irreversible emotional and physical damage which can lead to infection, severe bleeding, complication in childbirth and increased risk of newborn death.

It is horrific, it is inhumane, and it is a gross violation of human rights. And it is not just tied to one religion or culture; it could happen anywhere. It is unbelievable to say that it still happens in the United States of America, as you so aptly pointed out.

I am very happy to be here with you. In fact, I am very proud to be here with you to just send a clear message that FGM is unacceptable. It must stop. And I am so pleased to join you in all your efforts, our joint efforts to stop this practice.

And I will add something: In the United States, there is more that we can do in terms of resources. At least \$15 million is needed, annually, to continue our efforts. I would like to see us put into law the U.S. strategies to prevent and respond to gender-based violence, globally, and to empower adolescent girls, recognizing that FGM is a gender-based violence.

As importantly, we must restore our funding to the U.N. Population Fund, which is providing care to 2 million survivors around the world. It is time we recommit to ensuring the safety and empowerment of women and girls.

Mr. Speaker, I know Representative PERRY would join me in saying, when women succeed, so does the world.

Mr. PERRY. Well, I thank the gentlewoman so much, and I know this is a sensitive, uncomfortable topic, but it must be discussed. We can't just close our eyes and turn our head from uncomfortable things.

I am so proud and thankful that the gentlewoman has been willing to step up and stand up for these young ladies all around the world and in the United States as well, in our communities. Make no mistake, ladies and gentlemen, this is violence. This is violent.

Now, a friend showed me a picture, and it is one of those things where you sometimes wish you hadn't seen something that you had seen, and you can't unsee it but it has such an impact on you. I have that picture now, so I am just going to continue to talk about that a little bit.

This is a picture from a National Geographic magazine. And when I and the gentlewoman from Florida talk about the cultural aspects of this—this poor little girl. You can see the grimace on her face.

There is no sanitation, so to speak. This is not necessarily performed in a doctor's office. It looks almost like a school with a bunch of people around, right? No anesthesia.

They are holding her down, three of them holding her down. She doesn't want this to happen. This lady is smiling in her face. I can't imagine this little girl—wherever she is from, whoever she is, I can't imagine that this, somehow, is acceptable anywhere.

I feel compelled—I feel it is my duty, it is our duty—to speak out and say something about this to make sure it doesn't happen anywhere—it doesn't happen in our homes; it doesn't happen to one more little girl. I stand before you today to call for an end to this horrific, barbaric practice internationally.

Only 28 of our United States have statutes criminalizing FGM to any varying degree. And again, I have gone to my State, and I have said: “Please, will you do something?”

“Well, this isn't happening. We don't have any reports of it.”

We don't have any reports because it is legal. If people knew it was illegal, they would report it when they saw it. When this little girl goes to the doctor some day, they would report it.

I ask that the 22 States that currently have no law banning FGM, to include my home State of Pennsylvania, to pass legislation immediately. I am asking them right here, right now, today, on this day of international condemnation of this barbaric practice.

This is the day, the International Day of Zero Tolerance for FGM, female genital mutilation. Now is the time to stand up for the voiceless.

These are little girls. These are little girls whose mothers and fathers take them to do this to them. Sometimes they do it to them, as you have heard, themselves. Little girls who trust their parents, who trust their mother would never hurt them, right? Voiceless.

This must be criminalized, this horrific practice of FGM. FGM has absolutely no place in America or anywhere else in the world. Again, there is no medical reason to do this whatsoever—none. It is unconscionable.

FGM is unconscionable. It is a systematic form of abuse and female subjugation perpetrated against the youngest and most vulnerable among us.

And it doesn't just end right there. When she is done with this, it doesn't

end there. She has got to heal, which may take weeks and months, or longer, physically. But the scars of what happens to this little girl and millions around the world and in our country, as well, lasts the rest of their lifetime. For what?

As our society becomes more transient and diverse, we must strengthen our efforts to stop this practice. It simply must end immediately. Those who perpetrate it must be brought to swift justice in the United States. We can no longer have somebody report and put themselves out there and peril themselves, make themselves vulnerable to retribution or what have you for the judge to throw it out.

I am not here to criticize the judge who looked at the Constitution and said: Look, this isn't the place for it.

I get that. That is the judge's job. But it is our job in Congress to get this right, to make sure that the law says one way or the other: This is a problem in our country. We don't accept this. We reject this, and there is going to be a penalty for doing this.

Those little girls can't protect themselves. They have no protection whatsoever. They are counting on their parents and the adults in their lives.

Mr. Speaker, I thank my colleagues from both sides of the aisle and across the political spectrum for their support of bipartisan solutions to condemn and stop this atrocity. We have great support, and we think we are going to get even more support, bipartisan support.

There are not many things that Democrats and Republicans, that conservatives and liberals across the country can agree upon, but we can all agree that, if that were our little girl, there is no way in hell we would let that happen. There is no way.

So not only us, as different people on different sides of the aisle here in this United States Congress, but the international community is also weighing in on this as well, as you have already heard. They have said enough is enough.

It is bad enough that it is happening in other parts of the world, but in the 21st century, in 2019, this is happening right here in the United States of America. And Americans need to be aware. They need to be informed. The medical practitioners need to be informed.

Law enforcement needs a tool. They need something to ensure that the people who are contemplating doing this will contemplate not doing it; that people who think somehow it is culturally acceptable figure out and are informed that it is not; that people who somehow feel that they must do this to their little girl so that they can then force her into some marriage and that she will be acceptable to the partner that she is forced to be with, that that is no longer acceptable either.

It never was acceptable. It is not acceptable in the United States, and it is our job to make sure it is not acceptable anywhere. And it starts right

here, and it starts right now. We have waited too long.

Mr. Speaker, it has been my privilege to speak up on this issue.

□ 1530

It is sensitive, and that is why people don't want to speak up on it, because it is embarrassing to talk about, and I guess they are afraid of the embarrassment. But I am not. Somebody has to speak up for these little girls that have no one else, that, after the fact, can do nothing about this for the rest of their lives.

They only have us here, people who don't know them, people who will probably never ever know them. They have us, and it is our job. It is our duty to stick up for them and put ourselves out here. And if it takes being uncomfortable, well, that is what it takes.

Mr. Speaker, I am privileged to be here today to offer this. I would ask that if my colleagues who are listening haven't heard about this, please take a look at these two pieces of legislation. I appreciate their input. If they have got ways to improve them or if they are concerned about what we are trying to do here and think it is overreaching or something like that, I would appreciate your input.

We want to make sure that we are doing the best job that we can, and that we are doing the best job that we can for little girls like this who are being held down against their will and having their body parts cut off of them because of some culture and some ideas that they will somehow be more worthy in their community once they are mutilated for the rest of their life. That is our job here.

Mr. Speaker, I yield back the balance of my time.

DEMOGRAPHIC BUBBLE

The SPEAKER pro tempore (Mr. JOHNSON). Under the Speaker's announced policy of January 3, 2019, the Chair recognizes the gentleman from Arizona (Mr. SCHWEIKERT) for 30 minutes.

Mr. SCHWEIKERT. Mr. Speaker, what we are doing today is sort of a continuation of the theme that since the beginning of this Congress we have been walking through. So let's put this sort of in context.

This is probably our fourth or fifth time to come to the floor and do part of this theme. The first time we did this we took almost an hour and we actually sort of walked through what is happening in our society, when you actually do the math of the massive unfunded liabilities in Medicare; the issues with the fact that in 9 years, 50 percent of the noninterest spending of this government in 9 years will be to those 65 and over.

So it is important to understand what is happening to us demographically. Much of that difficulty that is coming toward us is about healthcare costs.

One of my passions has been trying to get an understanding of this. There are a number of things we can do to actually deal with the fact that we are getting older as a society. We are seeing what is happening on our birth rates. The fact of the matter is, those of us who are baby boomers—there are 74 million of us—and in 9 years, all of the baby boomers will be functionally 65 and older.

It is a demographic bubble moving through our society, and there are benefits that we as a society have been promised. So what do you do? How do you make sure you have a vibrant enough economy to keep our promises? How do you make sure we have a vibrant enough economy not to crush the young in their opportunities?

We have been laying out five little legs. We will call them our proposals, everything from an immigration system that is talent based so you maximize economic vitality; policies, such as tax, regulatory, trade, that maximize economic growth; policies that are all up and down, whether it be our programs within the social safety net, or just incentives within Social Security, and Medicare; other programs to stay in the workforce or enter the workforce because labor force participation is crucial.

We had a good number last month where we broke over 63 percent labor force participation. I know this sounds a little geeky, but it is crucial.

The fifth one—and we will come back to the fourth—the fifth one is looking at our retirement entitlements and how we design them to incentivize everything from being a good consumer to staying in the labor market longer. But the fourth one that we keep talking about over and over and over again is technology.

Once again, I put up this slide right here just to understand the scale. In a decade, you and your partner, if you have jobs, there will be two people working for every one person in retirement in 10 years: two workers, one retiree. And understand Medicare and Social Security are functioning right now as pay-as-you-go programs because we are using today's income to pay today's retirees.

The next slide is just to emphasize the scale of the unfunded liability. When you look at this slide, you will see up on the top that this is the 30-year projection. It is not adjusted for inflation. So if you want to adjust it for inflation, you can remove a third of the value. But, functionally, over the next 30 years, you have an \$84 trillion unfunded liability when you add in the cost of the programs and the interest related, \$84 trillion over the next 30 years.

But if you take a really close look, almost all of that comes from Social Security and Medicare. The rest of the budget has about a \$16 trillion on the positive side, so you have got an \$84 trillion shortfall. So what do you do as far as solutions?